

For Office Use Only
Receipt No. _____
Dated _____
License No. _____

**CITY OF MENASHA
COIN-OPERATED LICENSE APPLICATION**

Name of Business _____

Address _____

Number of coin-operated devices @ \$10.00 per device:

_____ Music _____ Skill
_____ Other

The undersigned hereby makes application for a coin-operated device license for the machines described above for the period July 1, 2007 to June 30, 2008. (Unless sooner revoked)

Please answer the following questions:

Do you own the machines: Yes _____ No _____

Name and address of owner of machines _____

If a Corporation or Association, give full name, and date and State of
Incorporation: _____

Print name of applicant

Signature of applicant

Title

Date: _____